

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND

pm 7-21

2008 JUL 23 AM 11:48

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Savage for Senate

**IMPORTANT:** Indicate by # type of committee you are reporting for: ☐

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name  
Sharon Savage

Political Party (if applicable)  
Democratic

Office Sought  
Iowa Senate

District (if Senate or House)  
District 40

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1714
Logged In	S
Scanned	
Computer	
Audited	9 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Sharon Savage  
**SIGNATURE OF PERSON FILING REPORT**

563-264-6091  
**TELEPHONE**

7-20-08  
**DATE SIGNED**

I AM FILING A July 21, 2008 REPORT FOR (1) **ELECTION** / (2) **NON-ELECTION** YEAR.  
(report date) Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 11,315.89

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

3,035.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL** ..... \$ 14,350.89

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1,357.25

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 12,993.64

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ 0.00

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ 499.45

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$ 0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?) ..... YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) ..... \$ 0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Savage for Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-15-08	ID# CK#	Jane Middleton 207 D St San Rafael, CA 94901	cousin by marriage	\$100.00	<input type="checkbox"/>
5-20-08	ID# CK#	Dan Clark 1221 Mulberry Muscatine, IA 52761		10.00	<input type="checkbox"/>
6-1-08	ID# CK#	David Johnson 326 N. 4th St West Branch, IA 52358		30.00	<input type="checkbox"/>
6-11-08	ID# CK#	Carolyn Deason 501 Fairview Ave Muscatine, IA 52761		115.00	<input checked="" type="checkbox"/>
6-11-08	ID# 9030 CK# 801	Cedar Co Democrats c/o Alice Lopez P.O. Box 400		1,000.00	<input type="checkbox"/>
6-17-08	ID# CK#	Barb Collins 301 Fairview Ave Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
6-17-08	ID# CK#	Dan Clark 1211 Mulberry Muscatine, IA 52761		30.00	<input type="checkbox"/>
7-3-08	ID# CK#	Helen Van Hoozer 3302 Mackinac Ct Muscatine, IA 52761		30.00	<input type="checkbox"/>
6-17-08	ID# CK#	unitemized contributions		55.00	<input type="checkbox"/>
7-3-08	ID# CK#	David Larabee-Zierath 1361 Eliason Ave Muscatine, IA 52761		50.00	<input type="checkbox"/>

SUB-TOTAL

\$1520.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Savage for Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-2-08	ID# CK#	Marlyn Schepers 413 W. 3rd St Muscatine, IA 52761		\$40.00	<input checked="" type="checkbox"/>
7-2-08	ID# CK#	Thomas Kautz 205 Cherry St Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
7-5-08	ID# CK#	William Snyder 516 W. 2nd St Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
7-8-08	ID# CK#	Richard Maeglin P. O. Box 382 Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-7-08	ID# CK#	Dolores Pulliam 1310 James Pl Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-8-08	ID# CK#	Donald Paphne 1559 Washington Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-8-08	ID# CK#	Melanie Steckel 9420 128th St Blue Grass, IA 52726		20.00	<input checked="" type="checkbox"/>
7-9-08	ID# CK#	Kristine Conlon 600 Walnut St Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	James Compton 414 W. 4th St Muscatine, IA 52761		20.00	<input checked="" type="checkbox"/>
7-9-08	ID# CK#	Frank Best Box 127 Columbus Junction, IA 52737		50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 330.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ~~2~~ 2010 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SAVAGE FOR SENATE

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-8-08	ID# CK#	Joan Chizek 1007 North Ave. Tipton, IA 52772		\$20.00	<input checked="" type="checkbox"/>
7-10-08	ID# CK#	Gerhard Koch 1991 Geneva Hills Muscatine, IA 52761		15.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	Betty Smith 1800 Briarwood Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-8-08	ID# CK#	unitemized contributions		110.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	Bonnie Adkins 2671 Tom Sawyer Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	Betty McMahon 3111 180th St Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	John Schwandke 307 Myrtle Lane Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	Dr. Jeffrey Shay 1501 Mulberry Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
6-25-08	ID# CK#	Thom Gunn PO Box 29 Greenbank, WA 98253		25.00	<input type="checkbox"/>
7-13-08	ID# CK#	unitemized contributions		55.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 450.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**

☐ CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Savage for Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-1-08	ID# CK#	Richard Stanley 516 Hogan Ct Muscatine, IA 52761		\$100.00	<input checked="" type="checkbox"/>
7-1-08	ID# CK#	Roberta Gabbard 2698 Northwood Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-2-08	ID# CK#	Helen VanHoozer 3302 Mackinac Ct Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
7-1-08	ID# CK#	Doris Jane Hudson 2111 Bidwell Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-1-08	ID# CK#	Alice Hughes 215 Brook St Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-9-08	ID# CK#	Sally Meisinger 2111 Bidwell Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	unitemized contributions		85.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	Chris Foss 803 Whicher Muscatine, IA 52761		30.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	Eleanor Droll 543 Newton Ave Stanwood, IA 52761		50.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	Henrietta Furchtenicht 604 280th St West Branch, IA 52358		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 515.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Savage for Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-30-08	ID# CK#	Brenda Garcia Van Auken 2074 Jasper Ave Muscatine, IA 52761		\$100.00	<input type="checkbox"/>
7-13-08	ID# CK#	Michael Owen 563 N. Oliphant West Branch, IA 52358		30.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	unitemized contributions		55.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	Clara Oleson 1888 Fox Ave West Branch, IA 52358		35.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 220.00	
TOTAL (if last page of this schedule)				\$ 3035.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 5  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Savage for Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-20-08	ID# CK#	Carter Printing 1739 E. Grand Ave Des Moines, IA 50316	printing campaign cards	\$ 541.70
6-18-08	ID# CK#	Carter Printing 1739 E. Grand Ave Des Moines, IA 50316	flag antennas	465.62
7-3-08	ID# CK#	Tom Savage 515 Lorenz Muscatine, IA 52761	reimburse for two mailings (postage) of 125.13 and 129.00 plus reimburse for T-shirts to	349.53
5-21-08	ID# CK#	Auburn Quad, Inc PO Box 390728 Cambridge, MA 02139	credit card fee ActBlue	.40
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1357.25
TOTAL (if last page of this schedule)				\$ 1357.25

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Savage for Senate

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6-26-08	NASW-IA Chapt4211 Grand Ave Des Moines, IA 50312		2 mass e-mails for Tom Harkin challenge	\$ 110.00	<input type="checkbox"/>
7-11-08	Molly Cantrell-Kraig 116 Lord Ave Muscatine, IA 52761		food, rental cottoncandy machine and	117.26	<input checked="" type="checkbox"/>
7-11-08	Roberta Gabbard 2698 Northwood Muscatine, IA 52761		food and ice	30.91	<input checked="" type="checkbox"/>
7-11-08	Helen VanHoozer 3302 Mackinac Ct Muscatine, IA 52761		food, plates, cups etc, candy	64.28	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 322.45

TOTAL (if last  
page of this  
schedule)

\$

Page 1 of 2  
(for Schedule E)

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Savage for Senate

Reset Form

<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN-KIND CONTRIBUTIONS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7-11-08	Sally Meisinger 2111 Bidwell Rd Muscatine, IA 52761		food for fundraiser	\$ 25.00	<input checked="" type="checkbox"/>
7-13-08	Pat Furchtenicht 592 280th St West Branch, IA 52358		food and paper products for fund raiser	70.00	<input checked="" type="checkbox"/>
7-13-08	Clara Oleson 1888 Fox Ave West Branch, IA 52358		food	9.00	<input checked="" type="checkbox"/>
7-13-08	Deb Owens 563 N. Oliphant West Branch, IA 52358		food	33.00	<input checked="" type="checkbox"/>
7-13-08	Michelle Braun 402 4th St West Branch, IA 52358		food	24.00	<input checked="" type="checkbox"/>
7-13-08	Linda Carillo 320 N. 4th St West Branch, IA 52358		food	16.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 177.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 499.45	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2  
(for Schedule E)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Savage for Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-15-08	ID# CK#	Jane Middleton 207 D St San Rafael, CA 94901	cousin by marria	\$100.00	<input type="checkbox"/>
5-20-08	ID# CK#	Dan Clark 1221 Mulberry Muscatine, IA 52761		10.00	<input type="checkbox"/>
6-1-08	ID# CK#	David Johnson 326 N. 4th St West Branch, IA 52358		30.00	<input type="checkbox"/>
6-11-08	ID# CK#	Carolyn Deason 501 Fairview Ave Muscatine, IA 52761		115.00	<input checked="" type="checkbox"/>
6-11-08	ID# 9030 CK# 801	Cedar Co Democrats c/o Alice Lopez P.O. Box 400		1,000.00	<input type="checkbox"/>
6-17-08	ID# CK#	Barb Collins 301 Fairview Ave Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
6-17-08	ID# CK#	Dan Clark 1211 Mulberry Muscatine, IA 52761		30.00	<input type="checkbox"/>
7-3-08	ID# CK#	Helen Van Hoozer 3302 Mackinac Ct Muscatine, IA 52761		30.00	<input type="checkbox"/>
6-17-08	ID# CK#	unitemized contributions		55.00	<input type="checkbox"/>
7-3-08	ID# CK#	David Larabee-Zierath 1361 Eliason Ave Muscatine, IA 52761		50.00	<input type="checkbox"/>

SUB-TOTAL

\$1520.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Savage for Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-2-08	ID# CK#	Marlyn Schepers 413 W. 3rd St Muscatine, IA 52761		\$40.00	<input checked="" type="checkbox"/>
7-2-08	ID# CK#	Thomas Kautz 205 Cherry St Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
7-5-08	ID# CK#	William Snyder 516 W. 2nd St Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
7-8-08	ID# CK#	Richard Maeglin P. O. Box 382 Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-7-08	ID# CK#	Dolores Pulliam 1310 James Pl Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-8-08	ID# CK#	Donald Paphne 1559 Washington Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-8-08	ID# CK#	Melanie Steckel 9420 128th St Blue Grass, IA 52726		20.00	<input checked="" type="checkbox"/>
7-9-08	ID# CK#	Kristine Conlon 600 Walnut St Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	James Compton 414 W. 4th St Muscatine, IA 52761		20.00	<input checked="" type="checkbox"/>
7-9-08	ID# CK#	Frank Best Box 127 Columbus Junction, IA 52737		50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 330.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ~~201007~~ 5 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

MONETARY  
RECEIPTS

☐

CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SAVAGE FOR SENATE

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-8-08	ID# CK#	Joan Chizek 1007 North Ave. Tipton, IA 52772		\$20.00	<input checked="" type="checkbox"/>
7-10-08	ID# CK#	Gerhard Koch 1991 Geneva Hills Muscatine, IA 52761		15.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	Betty Smith 1800 Briarwood Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-8-08	ID# CK#	unitemized contributions		110.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	Bonnie Adkins 2671 Tom Sawyer Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	Betty McMahon 3111 180th St Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	John Schwandke 307 Myrtle Lane Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
7-11-08	ID# CK#	Dr. Jeffrey Shay 1501 Mulberry Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
6-25-08	ID# CK#	Thom Gunn PO Box 29 Greenbank, WA 98253		25.00	<input type="checkbox"/>
7-13-08	ID# CK#	unitemized contributions		55.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 450.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**

☐ CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Savage for Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-1-08	ID# CK#	Richard Stanley 516 Hogan Ct Muscatine, IA 52761		\$100.00	<input checked="" type="checkbox"/>
7-1-08	ID# CK#	Roberta Gabbard 2698 Northwood Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-2-08	ID# CK#	Helen VanHoozer 3302 Mackinac Ct Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
7-1-08	ID# CK#	Doris Jane Hudson 2111 Bidwell Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-1-08	ID# CK#	Alice Hughes 215 Brook St Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-9-08	ID# CK#	Sally Meisinger 2111 Bidwell Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	unitemized contributions		85.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	Chris Foss 803 Whicher Muscatine, IA 52761		30.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	Eleanor Droll 543 Newton Ave Stanwood, IA 52761		50.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	Henrietta Furchtenicht 604 280th St West Branch, IA 52358		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 515.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Savage for Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-30-08	ID# CK#	Brenda Garcia Van Auken 2074 Jasper Ave Muscatine, IA 52761		\$100.00	<input type="checkbox"/>
7-13-08	ID# CK#	Michael Owen 563 N. Oliphant West Branch, IA 52358		30.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	unitemized contributions		55.00	<input checked="" type="checkbox"/>
7-13-08	ID# CK#	Clara Oleson 1888 Fox Ave West Branch, IA 52358		35.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 220.00	
TOTAL (if last page of this schedule)				\$ 3035.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 5  
(for Schedule A)

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Savage for Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-20-08	ID# CK#	Carter Printing 1739 E. Grand Ave Des Moines, IA 50316	printing campaign cards	\$ 541.70
6-18-08	ID# CK#	Carter Printing 1739 E. Grand Ave Des Moines, IA 50316	flag antennas	465.62
7-3-08	ID# CK#	Tom Savage 515 Lorenz Muscatine, IA 52761	reimburse for two mailings (postage) of 125.13 and 129.00 plus reimburse for T-shirts to	349.53
5-21-08	ID# CK#	Auburn Quad, Inc PO Box 390728 Cambridge, MA 02139	credit card fee ActBlue	.40
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1357.25
TOTAL (if last page of this schedule)				\$ 1357.25

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Savage for Senate

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6-26-08	NASW-IA Chapt4211 Grand Ave Des Moines, IA 50312		2 mass e-mails for Tom Harkin challenge	\$ 110.00	<input type="checkbox"/>
7-11-08	Molly Cantrell-Kraig 116 Lord Ave Muscatine, IA 52761		food, rental cottoncandy machine and	117.26	<input checked="" type="checkbox"/>
7-11-08	Roberta Gabbard 2698 Northwood Muscatine, IA 52761		food and ice	30.91	<input checked="" type="checkbox"/>
7-11-08	Helen VanHoozer 3302 Mackinac Ct Muscatine, IA 52761		food, plates, cups etc, candy	64.28	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 322.45

TOTAL (if last  
page of this  
schedule)

\$

Page 1 of 2  
(for Schedule E)

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Savage for Senate

Reset Form

<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN-KIND CONTRIBUTIONS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7-11-08	Sally Meisinger 2111 Bidwell Rd Muscatine, IA 52761		food for fundraiser	\$ 25.00	<input checked="" type="checkbox"/>
7-13-08	Pat Furchtenicht 592 280th St West Branch, IA 52358		food and paper products for fund raiser	70.00	<input checked="" type="checkbox"/>
7-13-08	Clara Oleson 1888 Fox Ave West Branch, IA 52358		food	9.00	<input checked="" type="checkbox"/>
7-13-08	Deb Owens 563 N. Oliphant West Branch, IA 52358		food	33.00	<input checked="" type="checkbox"/>
7-13-08	Michelle Braun 402 4th St West Branch, IA 52358		food	24.00	<input checked="" type="checkbox"/>
7-13-08	Linda Carillo 320 N. 4th St West Branch, IA 52358		food	16.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 177.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 499.45	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2  
(for Schedule E)